REQUEST FOR PATENT FEE REFUND		
1 Date of Request: 4/7/05 2 Serial/Patent # 10/5/8832		
3 Please refund the following fee(s):	4 PAPER 5 NUMBER 5	DATE FILED 6 AMOUNT
Filing	ψ.	\$
Amendment		\$
Extension of Time		\$
Notice of Appeal/Appeal		\$
Petition		\$
Issue		\$
Cert of Correction/Terminal Disc.		\$
Maintenance		\$
Assignment		\$
Vother Scarch de adjustment		\$ 100
U J	7 TOTAL AMOUNT \$ /OO	
	8 TO BE REFUNDED BY:	
10 REASON:	Treasury Check	
Overpayment	Credit Deposit A/C #:	
Duplicate Payment	, 14-1/270	
No Fee Due (Explanation):		
11 REFUND REQUESTED BY:		
TYPED/PRINTED NAME: TITLE: Varally		
SIGNATURE:		
office: $\frac{(2)(1)(1)(2)}{(2)(1)(1)(1)(1)}$ $\frac{(2)(1)(1)(1)}{(2)(1)(1)(1)}$		
THIS SPACE RESERVED FOR FINANCE USE ONLY:		
APPROVED: DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B